

# ADLM 2024

## BOLD MOVE.

JULY 30-AUGUST 1  
CHICAGO, IL

### CLINICAL LAB EXPO REGISTRATION

**Personal Information** Complete this information EXACTLY as you want it to appear on your badge. Names cannot exceed a total of 30 characters. Badges will not be sent by mail. Please bring your confirmation and photo ID on site to receive your credentials.

Only EXHIBITS are included with Expo registration. Participation in educational sessions requires conference registration. Visit [meetings.myadlm.org](https://meetings.myadlm.org) for more information. *Note: Do not use this form for exhibit staff.*



Check here if you require special services. Please describe special services:

FOR THE LATEST INFORMATION ON ADLM'S COVID SAFETY PLAN, VISIT [meetings.myadlm.org/covid19safety](https://meetings.myadlm.org/covid19safety)

#### BADGE INFORMATION (form must be printed or typed in English) \*Required field

MEMBER ID# \_\_\_\_\_ DEGREE \_\_\_\_\_

FIRST/GIVEN NAME\* \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST/FAMILY NAME\* \_\_\_\_\_ PRONOUN \_\_\_\_\_  
(ex: she/her/hers)  Print my pronoun on my conference badge.

TITLE\* \_\_\_\_\_

INSTITUTION\* \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

STREET ADDRESS\* \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/PROVINCE\* \_\_\_\_\_ STATE \_\_\_\_\_

POSTAL CODE\* \_\_\_\_\_ COUNTRY OR SPECIAL ADMINISTRATIVE REGION\* \_\_\_\_\_

BUSINESS PHONE\* \_\_\_\_\_ CELL PHONE\* \_\_\_\_\_  
(Used for safety, emergency, and health related SMS messaging only.)

VALID UNIQUE EMAIL ADDRESS\* \_\_\_\_\_

**ADLM communication options:** You will be automatically enrolled to receive mail and email based on ADLM's standard privacy options unless you have previously modified your ADLM communication settings. To view the ADLM privacy policy and to modify your communication preferences, when you receive your receipt, log in to [myadlm.org](https://myadlm.org) and select "My Profile."

**EU and Canadian Residents:** If you are new to ADLM, you will be automatically opted out. If you want to **opt in**, check the desired boxes:  ADLM email  ADLM mail

#### Exhibitor communications: EXHIBITORS SUPPORT ADLM'S ACTIVITIES, AND WE ENCOURAGE YOU TO SUPPORT THEIR EFFORTS.

Exhibitors will send attendees information before and after the Expo via standard mail.

Please do not share my mailing address with exhibitors.

Your mailing address, phone number, and email will be encoded on your badge. If you choose to have your badge scanned in the Exhibit Hall or at industry sponsored events, Exhibitors will use this information to contact you after the meeting. Cell phone numbers will not be shared.

Please do not encode my email address on my badge.

#### EXPO ONLY REGISTRATION

REGISTRATIONS RECEIVED:	REQUIRE PAYMENT OF:
By June 7, 2024	\$40 per person
Between June 8 thru July 26, 2024	\$50 per person
After July 26, 2024	\$60 per person

**Please note: The appropriate fee will be charged to your credit card based on the date of receipt of this form.**

Full payment of fees must accompany this form. We do not accept purchase orders.

There will be no cancellations, refunds or transfers of expo registration fees.

Credit cards accepted:  American Express  MasterCard  VISA

Card# \_\_\_\_\_ Exp. date (MM/YY): \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Billing address EXACTLY as it appears on your credit card statement

Check enclosed (Make checks payable to ADLM in U.S. dollars, payable through a U.S. bank.)

Company check  Personal check

#### 1. Which best describes your organization's primary function?

(Select the one that most closely matches yours)

- 01 Laboratory/Laboratory System
- 02 Hospital/Health System/Health Clinic
- 03 Community Health Center
- 04 Blood Center/Blood Bank
- 05 Diagnostics Company
- 06 Medical Device Company
- 07 Pharmaceutical Company
- 08 Pharmaceutical Research
- 09 Biotechnology Company
- 10 OEM Company
- 11 Distributor
- 12 Consulting Company
- 13 Laboratory Information Systems/ Informatics Company
- 14 Investment Company/Industry Analyst
- 15 Contract Research Organization
- 16 Government Agency
- 17 Educational Institution
- 18 Non-profit Association
- 19 Retired from full-time employment
- 20 Other (please specify): \_\_\_\_\_

If you answered that you are primarily a Laboratory/Laboratory System, answer 2-6. If not, skip to question 7.

#### 2. Please select the type of laboratory that most closely matches yours

- 01 University Hospital Laboratory
- 02 Managed Care/Coordinated Care Network/Healthcare System
- 03 State/County/Local Hospital Lab System
- 04 Clinical Laboratory
- 05 Private Hospital Laboratory
- 06 Independent Laboratory
- 07 Physician Office Laboratory
- 08 Veterans/Military Hospital Laboratory
- 09 Government/Public Health Laboratory
- 10 Commercial Laboratory
- 11 Reference Laboratory
- 12 Research Laboratory
- 13 Diagnostics Manufacturer Lab
- 14 Pharmaceutical Laboratory
- 15 Forensic Lab
- 16 Direct-to-Consumer Laboratory (pharmacy, retail, etc.)
- 17 Urgent Care Center Laboratory

If you answered Managed Care/Coordinated Care Network/Healthcare System in 2, please answer 3:

#### 3. How many sites are in your Coordinated Care Network?

- 01 (1-5)  03 (11-15)
- 02 (6-10)  04 (16+)

#### 4. If you work in a hospital lab, how many beds are in your hospital?

- 01 (0-199)  03 (400-599)
- 02 (200-399)  04 (600+)

#### 5. What are the functions of your lab? (Select all that apply)

- 01 Biochemistry
- 02 Blood Banking
- 03 Chemistry
- 04 Clinical Trials
- 05 Coagulation
- 06 Core Lab
- 07 Forensic Testing
- 08 Genetic Testing
- 09 Hematology
- 10 Immunology
- 11 Microbiology
- 12 Molecular Testing
- 13 Pediatric/Newborn Screening
- 14 Point-of-Care Testing
- 15 Toxicology
- 16 Transfusion Medicine
- 17 Veterinary Testing
- 18 Additional Functions (please specify): \_\_\_\_\_

#### 6. What role(s) do you play in the acquisition of systems and/or instruments for your lab? (Select all that apply)

- 01 Evaluate options for purchase
- 02 Recommend products
- 03 Participate in team evaluation
- 04 Assess product after purchase
- 05 Final selection
- 06 No role

#### 7. What is the highest degree (or equivalent) you hold?

- 01 Doctoral Degree (PhD)
- 02 Medical Degree (MD)
- 03 MD and PhD
- 04 Master's Degree (MA/MS/MBA)

05 Bachelor's Degree (BA/BS/BSMT)

06 Nurse Practitioner

07 Physician Assistant

08 RN

09 LPN

10 JD

11 MBA and JD

12 PharmD

13 PharmD and PhD

14 Associate's Degree

15 High School Degree

#### 8. What is your primary job function?

01 Lab Director/Assistant Director

02 Lab Manager

03 Scientific Director

04 Medical Director

05 Lab/Medical Technologist (Supervisory)/Lead Tech

06 Lab/Medical Technologist (Non-Supervisory)

07 President/VP/Other Executive

08 Pathologist

09 MD/Clinician

10 Nurse

11 Pharmacist

12 Hospital Administrator

13 Chief Medical Officer

14 Clinical Chemist

15 Point-of-Care Testing

16 Quality Assurance

17 Cytotechnologist

18 Lab Information Systems

19 Scientific Affairs

20 Research or Development Scientist/Engineer

21 Manufacturing/Operations

22 Marketing/Sales

23 Analyst

24 Regulatory Affairs

25 Educator

26 Student/Fellow

27 Consultant

28 Retired

#### 9. What is your age?

- 01 (under 25)
- 02 (25-39)
- 03 (40-44)
- 04 (45-54)
- 05 (55-64)
- 06 (65-74)
- 07 (75 and over)
- 08 Prefer not to answer

#### 10. What is your gender?

- 01 Male  03 Prefer not to answer
- 02 Female

#### 11. Which of the following best describes your business interests at this meeting? (Select one)

- 01 Evaluate/acquire lab products or services for the lab or practice
- 02 Market lab products or services
- 03 Evaluate OEM suppliers, distribution opportunities or technology licensing
- 04 Solicit OEM, distribution or other B2B collaborations
- 05 No product or business interest
- 06 Other (please specify): \_\_\_\_\_

#### 12. Do you hold a MLT, MT (ASCP), MLS, ASCP or C (ASCP) certification?

- 01 Yes  02 No

#### 14. When visiting the Clinical Lab Expo which solutions will you seek? (Select all that apply)

- 01 Contract Manufacturer
- 02 Diagnostic IT Solutions
- 03 Diagnostic Testing
- 04 Diagnostic Tools Manufacturer
- 05 Equipment Manufacturer
- 06 Lab Testing Services
- 07 Parts Supplier
- 08 Professional Organization
- 09 R&D
- 10 Reagents Distributor
- 11 Regulatory
- 12 Solutions Support
- 13 Subject Area (Cancer Markers, Cardiac Markers, Pharmacogenomics, Tumor Markers)
- 14 Supporting IT Solutions
- 15 Testing Compliance

**MAIL TO:** ADLM Expo Registration  
900 Seventh Street, NW, Suite 400  
Washington, DC 20001

**CALL:** +1.508.743.8506

**FAX TO:** +1.202-887-5093



Formerly AACCC